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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

REMARKS ON THE IMPORTANCE AND TREATMENT OF ANAL FISSURE.

Read before the Allegheny Co. Medical Society,

BY R. STANSBURY SUTTON, A.M., M.D.

Of all the diseases which affect the anus none is more frequent or more painful, and, it may be added, more insignificant as to appearances, than is fissure or irritable ulcer, located within the folds of the tissue lining the sphincter muscles.

In order to thoroughly appreciate this affection it is necessary to study the anatomy and physiology of the anus, or external opening at the inferior extremity of the rectum. It is a dilatable circular opening, surrounded by two flat bands of muscular fibre, one above the other, and respectively named the external and internal sphincter muscles. These muscles are lined or covered with cuticle from below, for the external sphincter, and with mucous membrane from above, for the internal sphincter. They are supplied with blood vessels and nerves.

The external sphincter is a circular or elliptical plane of muscular tissue surrounding the rectal outlet. In its length it measures from seven to ten centimeters. Just opposite the outlet its breadth is about two and a half centimeters. It is best understood as divisible into equal halves, each plane of fibres arising behind the outlet, from the tip of the coccyx, by a common tendon, and being inserted into the tendinous centre of the perineum in front. Its anterior surface is covered with skin, containing sebaceous follicles, and upon which hairs grow. Its posterior surface is in contact with the internal

sphincter. When the muscle is at rest it closes the outlet; the skin covering it is thrown into folds radiating from the centre, and as the muscle distends the folds are effaced. The skin forming these folds or pouches gradually approaches in appearance mucous tissue as they approach the lower border of the internal sphincter. This common cuticle, however, terminates, and the mucous membrane begins, just within the anus, on a line precisely over the division between the external and internal sphincter. This line of union between skin and mucous membrane is white and easily detected. Its surgical importance was first announced by Mr. Hilton, in his lectures on "Rest and Pain." At this line the external sphincter ends and the internal sphincter begins.

The internal differs from the external sphincter entirely, in this, that the latter is purely a voluntary, while the former is purely an involuntary, muscle. It consists of an aggregation of the circular fibres of the intestine, strengthened by the longitudinal fibres, some of which pass around the lower border of the muscle and some distance up on its anterior surface. Its breadth is about one and a half centimeters, its thickness about five millimeters at its lower border, and thinner toward the upper border. It is lined or covered by mucous membrane, which, while the muscle is at rest, is thrown into longitudinal folds, which are effaced during defecation.

The external sphincter is supplied by the hemorrhoidal branch of the fourth sacral nerve.

The internal sphincter is supplied by filaments from the hypogastric plexus of the sympathetic, which also extends to the mucous membrane covering the muscle.

The vessels of the anus are small, and consist of the terminal branches of the hemorrhoidal arteries. The veins are tortuous and plexiform, and are the inferior radicles of the *venae portae*. To complete the anatomy of the rectal outlet, we must add that the middle fibres of the levator ani muscle descend from the lateral walls of the pelvis, attach themselves to the sides of the rectum, and continue downward to blend with the fibres of the sphincter muscles, while the anterior fibres continue downward in the male, to be inserted into the external sphincter, and in the female they are inserted into the vagina. The office of the anal sphincter may be briefly stated to be to narrow the outlet; that of this portion of the levator ani to be to shorten the rectum, as they pull back the sphincters after the expulsion of the contents of the rectum. The muscles which antagonize those muscles described are the diaphragm and those forming the walls of the abdomen. That we may better appreciate the practical portion of our subject, let us consider further the nerves found in these muscles and their physiological action. As stated, we have both branches from the cerebro-spinal system and sympathetic system distributed to the sphincters.

But furthermore, the ganglion of the sympathetic supplying the internal sphincter is reinforced by a motor and sensitive filament from the cerebro-spinal system.

Again (we quote from Dalton), "the great sympathetic is endowed both with sensibility and the power of exciting motion."

If now we add the law of reflex action, viz: "that it originates from a sensation, conveyed inward to the cerebro-spinal centres, and is then transmitted outward to its final destination, through the medium of one of the sympathetic ganglia," we get a sudden view of the cause of the hystero-neuroses so often to be traced to the existence of anal fissure.

The spinal cord exerts a constant reflex influence over the sphincters, keeping them in a constant state of contraction, which I have already called a state of rest, guarding the outlet of the rectum.

If a finger is pressed into the anus, the sphincters involuntarily contract; the same thing occurs if any irritant is applied externally or if faeces come in contact with the internal sphincter. But this action is susceptible of change and reversal. If the rectum be full, the impression made upon its walls is conveyed to the cerebro-spinal system, and causes relaxation of the sphincters, but contraction of the rectum. In this change of action, however, volition must be recognized.

In the integument lining the external sphincter, and at the bottom of one or more of its folds or pouches, will be found the "crack," "chap," "fissure," or "irritable ulcer," under consideration. It may be single or multiple, a matter we shall find of no practical difference in view of treatment. Very early writers, among whom was Avicenna, mention the affection. Lemonnier, in 1661, mentions it and calls particular attention to it. Until, however, M. Boyer showed the true character of the trouble as well as its proper treatment, it was generally considered syphilitic. The cause of the fissure is generally accredited to the passing of hardened faeces. Doubtless this must be a very prevalent one. But it seems but rational that other causes exist. Anything that inflames the integument covering the superficial or deep sphincter may occasion it; thus we will find it as a sequel of confinement, the lochia having run over, inflaming the anus. A troublesome pruritus, inducing scratching by the sufferer, may lead to it. Or carelessness in cleaning away irritating fecal matter after stool. Small bones, as fish bones, or a shell off the sternum of a fowl, or a bit of oyster shell, all of which I have found in the anus, will give rise to fissure. A careless use of a syringe or rectal bougie is capable of inducing it. It sometimes follows diarrhoea; is often the result of syphilis, or, as Mr. Allingham has stated, is the "accompaniment and probable result of polypus." Persons of highly sensitive nervous systems, with delicate skins, and especially women, are most liable to it, according to my experience; I have had seven cases in women to one in men.

The only really reliable symptom of anal fissure is pain, either present at the time of defecation or coming on as an aching, more or less severe, from a few moments to an hour after stool. Patients rarely, I fancy, imagine what the trouble is, and they come to you complaining of piles, dysentery, neuralgia, and in my experience, often for fancied disease of the womb. One will tell you, "it nearly kills me to have my bowels moved." Another, with exhausted nervous system, rapid pulse and pallid countenance, will say, as if merely incidentally, "with all this weakness, and giddiness, and loss of appetite, I am so constipated that it pains me dreadfully to have a passage," never dreaming that all his or her trouble comes from an insignificant little fissure of the anus. Perhaps your patient is a lady; she conceals the fact of painful defecation; she is nervous, irritable, despondent at times, thinks her disease must be retroversion or prolapsus; her back aches, her head aches, she

has pain in the ovarian regions. She admits indigestion, and intimates that she is constipated, and takes figs, medicated prunes, oatmeal mush, and some cathartic pills occasionally. You have learned from experience how to deal with these fair patients, and you ask if defecation is painful, and you find that it is. You inquire, do you dread going to the water closet? She replies, "always." Do you ever observe any blood? "Just a little stain now and then, but I know I have piles." After stool do you have a drawing sensation at the outlet of the bowel? Often you will get an affirmative answer. Does the bowel ache after stool? "Oh, yes, always; sometimes more; sometimes so much that it makes me sick and I have to lie down." Sometimes a patient has told me that they felt a hard lump at the anus; this I have always found, in cases of fissure, to be in the firmly contracted sphincter.

So often have I found rectal instead of uterine disease the cause of general ill health, that I now never fail to examine the rectum in female patients asserting the existence of uterine disease; and in a score of cases of suspected uterine trouble presenting themselves within a few months I have found more trouble in the rectum than vagina. Ten years ago I got a lesson on this subject, which was salutary. A lady with various hystero-neuroses applied for treatment. The uterus was sensitive to pressure per vaginam; she had headache, and backache; was tender over the left ovary; had dyspepsia, and was much constipated. I treated her with tonics, nervines, laxatives, and drained her uterus with cotton and glycerine; applied liniments to her spine, douched her uterus with hot water, and detained her under treatment for an entire autumn and winter, when she very wisely concluded to change her doctor. She fell into the hands of a surgeon of this city, now aged and crowned with the laurels of many victories. I refer to Dr. John Dickson, who discovered her trouble, divided the sphincter muscle, and in a fortnight put her on the highway which led to recovery. The lady continues well. I have never been picked up on a fissure since. I believe it is a good rule, when a patient complains much of constipation, or of having frequent small discharges, with pain or aching, to examine the anus for fissure.

How are we best to do this?

Place the patient on the left side, in Sim's position for uterine examinations; let the nurse or patient raise the right side of the nates with the right hand, while you, with the middle and

index fingers of the left, spread out the folded integument of the superficial sphincter. Wipe it carefully with a little pledget of absorbing cotton, already moistened and held in a dressing forceps. If the folds of tissue are well spread out, and the light good, any "chaps," "crack," "fissure," or "irritable ulcer" will be seen. If your patient is a female, lay down the forceps and insert the index finger of the right hand into the vagina, and turn out the lining of the sphincters more completely. I never use an anal speculum for such an examination. I once did so. A patient came a hundred miles to consult me for "piles." I discovered a fissure easily, but not satisfied, I introduced a rectangular anal speculum, and spread the blades to their full capacity, and examined for the "piles," which I assured the gentleman did not exist. I made an engagement with him to divide the sphincter on the following day. He did not keep the appointment, but appeared at my office several days after to say that since he had come to the city he had lost his trouble, and that his bowels moved now without pain. My examination had cured him, and I lost my fee. So now I do not use the speculum to make the examination.

Suppose you find no fissure, but one of several conditions we shall now review. The external sphincter, or both, are unusually irritable, hard and hypertrophied; the semi-mucous lining of the external is congested, and a well defined, bright red line occupies the bottom of one or more of the pouches, yet no breach of tissue is evident. Here is a case which will ere long undeceive you, if you will wait. But you need not delay to treat it as if a well marked fissure existed.

Suppose you find no lesion, but a hard, contracted external sphincter. You pass your finger through it; it seizes the finger with a tight grip; feels like a rigid os uteri; withdraw, pass a well-oiled silver pocket probe ever so gently; notice, the muscle contracts and dilates and contracts again; it is preternaturally irritable. If you can find no other cause for the trouble, or if no stricture of the urethra exists, if such a patient be a male, treat him as if a fissure did exist. Irritable sphincter will lead to hypertrophied sphincter, and give rise, as we shall see, to curious phenomena. Sometimes you will find the anus is red and irritable; be gentle, but spread out the tissue smoothly; what was a moment before an unbroken surface will now show small cracks or chaps opening up at several points. The bowels have not moved for several days, and these little breaches, which were opened at the last stool,

were endeavoring to heal. Your examination has done what every motion of the bowels does for this patient. These are fissures. What I want to impress upon my reader is, that he will not always find the club-shaped ulcer, with red base and hard edges, which a novice will recognize as fissure. And that the symptoms of anal fissure are found with irritable sphincter, with or without hypertrophy, and that the neuralgia and spasmodic action of the muscles is sufficiently good reason for the same treatment as if the fissure were recognized. All fissures are not equally painful. If the fissure be crossed by a nerve filament, or expose the terminal end of such a filament, the pain is exquisite.

Having now decided that the neuralgia, or pain, or aching, as the patient may term it, is associated with a fissure, how are we to treat it? You may take your choice of medical or surgical means; you will not always, but sometimes will, succeed with the former, more especially if the sphincters are not hypertrophied. Ointments or lotions may be selected to allay the pain, while the bowels are kept soluble by confection of senna in ordinary form, or with medicated prunes, figs, or tamarinds, equal parts of precipitated sulphur and bitartrate of potash, or by the use of any or many of the natural mineral waters, domestic or imported. The diet should be bland, unirritating and easily digested. The patient should avoid active exercise as much as possible.

For ointments, there are a legion of formulæ; that which I am in the habit of using consists of belladonna, hydrarg. chloridi mitis, opium, oxide of zinc ointment, with a few drops of carbolic acid and a little cod-liver oil. The bowel should be bathed in warm water containing a little bicarbonate of soda, after stool, carefully mopped dry, and the ointment be applied. Once a day is enough, as a rule. A small bit of cotton wool rolled into a little ball may be inserted into the muscle; it acts as a splint, and gently presses the edges of the fissure and flattens them. Beyond this I do not attempt medical treatment, but prefer the surgical means, which are rapid and satisfactory.

There is one method of treating fissure, which I learned from the late Dr. Dale, by which I have cured the disease. This was such a case—

Mr. W. S., editor of a daily paper, applied to me for treatment of "a dysentery" which he had been suffering from for several months. An examination revealed a fissure. He declined to be cut or dilated, and I introduced into the anus every day, for about two weeks, a pocket probe

dipped into a fifteen per cent. solution of nitrate of silver. Beyond keeping the bowels soluble, no other treatment was resorted to. He recovered, and has remained well for five years.

I treated other cases this way, but found relapses, and finally dropped the method. Two methods remain: the first is incision of the sphincter ani, first practiced by Boyer, of France, and forcible dilatation, first practiced by Recamier, a countryman of Boyer.

Boyer's operation consisted of complete division of both sphincters, cutting boldly into the connective tissue and fat of the ischial fossa on both sides; and this operation I have seen done in our city within a few years, although it has long ago been modified and greatly improved.

The modifications of the incision itself, and the manner of making it, vary. Boyer, in his operation, introduced a probe-pointed bistoury, turned its edge to the sphincter, and cut out; reintroducing the knife in the same manner, he divided the opposite side. British surgeons, soon after Boyer's discovery, proved that it was not necessary to divide the internal sphincter. Soon afterward they proved that it was not necessary to divide all of the superficial sphincter, but only so much of its fibres as lay at the bottom of the fissure.

This was the prescribed method of treatment until Recamier announced forcible dilatation, made by introducing the thumbs into the anus, hooking the fingers over the ischia, and stretching the muscles until their fibres were felt to part. These, then, are the methods of our time.

Shall we always use either of them? I have for several years done an operation which has never disappointed me, and which I have discovered is done by Mr. Syme in much the same way, which I prefer to either of these methods alone. The patient being etherized, I pass my index finger of the left hand into the rectum; with the right hand I introduce, about one centimeter from the verge of the anus, a curved bistoury, through the external sphincter, and carry it up behind the sphincter to the lower edge of the internal sphincter, where I push it through the tissue alongside my finger, and divide all the muscle over the blade. I now introduce both index fingers into the internal sphincter, and widely dilate it. A well oiled tent is placed in the wound, the bowels confined for three days, moved by laxatives, and at the end of a week the patient is cured. I never make it a point to divide the muscle through the fissure; if it is lateral, I go through it. If it is coccygeal or perineal, it is all the same, the result is equally good.

If the edges of the fissure are callous I pare them with scissors; If a little polypus is in view, I snip it off. I have dilated, without cutting, the sphincter, and have ruptured vessels which gave immense ecchymosis, and I could see the result of my violence longer than after cutting. And in two cases I have been obliged to cut the muscle, dilatation having failed.

I would not advise this method of operating as the best for all, or anybody. One who knows his anatomy, and is dexterous with a knife, will find it easy, quick and satisfactory. I usually complete the operation in less than a minute. But if greater precision be required, an anal speculum may be inserted, and the knife be drawn across the external sphincter at right angles to its fibres, beginning at Hilton's line, and dividing at least two-thirds of the muscle.

Some fissures are found where the sensitiveness, as demonstrated by the point of the probe, is confined to a small spot, which, when touched, will cause the patient to cry out. In such a case a nerve is exposed, and let the position of the fissure be where it may, I have found it good practice, before dividing the muscle, to incise to the depth of a millimeter the bottom of the fissure, thus dividing the nerve. For two weeks after the operation I keep the bowels soluble, and advise plain living, but rarely visit a patient beyond the fifth or sixth day. Spasm and irritability without hypertrophy of the muscle, where no fissure exists, is cured by division or dilatation alone; but if hypertrophy exists, division is the better method, for if the muscle is examined within a month or six weeks afterward, it will be found reduced in thickness to its original size—a change probably the result of fatty degeneration and absorption after the operation.

I have been prolix and tedious in this paper, for no motive save that of calling attention to a variety of diseases, especially frequent among women, and often the cause of a variety of hysteroneuroses often ascribed to uterine disease, when it may or may not exist. And I can assure all, that if they will carefully watch their cases of suspected uterine or bladder diseases, at least occasionally they will find an anal fissure the sole cause of their trouble.

—About a year ago Marion Hovey, trustee for her father, George O. Hovey, proposed to give \$10,000 to the Harvard Medical School, "if its advantages could be offered to women on equal terms with men." The overseers have voted that it is inexpedient to recommend to the president and fellows of the university that the proposal be accepted.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF PENNSYLVANIA.

THIRTIETH ANNUAL MEETING.

(Concluded from p. 433.)

Dr. I. N. Kerlin, of Media, read a minority report, as follows:—

Minority report of a Committee appointed by the State Medical Society to memorialize the Legislature to enact laws, if any be needed, to authorize the employment by managers of the Hospitals under control of the State, of Women Medical Superintendents for the female departments of said Hospitals:—

The undersigned regrets that he is placed in seeming opposition to the excellent men with whom he was appointed to cooperate.

The resolution under which this committee was nominated, page 33 of last year's *Transactions*, was hastily adopted by a few voices, in the midst of much confusion, when certainly the house was not in deliberative order.

Your Committee of the Minority cannot believe that it was the considerate purpose of the State Medical Society of Pennsylvania to pass over from intelligent and orderly deliberation to accidental, injudicious, and peremptory State legislation, a question that to-day is not settled, but belongs specially to the careful inquiry and experimental trial of the Boards of Managers of our various State Hospitals, under the assistance and advice of the medical men identified with them.

Believing that the Pittsburg session of May 30 was not in business order when this questionable resolution was passed upon; believing that the great majority of the members would have refused their consent to its passage had they understood its bearing, the undersigned would have been pleased to have met the Committee for an expression of your dissent.

The honorable chairman doubtless used his best endeavors to secure a meeting of his Committee, and I do not for a moment impugn his motives nor his methods.

The following is the substance of a letter addressed, on December 23d, by the minority to the members of the majority. I cannot but believe the position taken corresponds with that of this Society.

1. The whole matter of the official management of our State Hospitals should be left to the adjustment of the appointed managers and the medical superintendents of said hospitals.

2. The expediency or ripeness of the measure, either wholly or partially, contemplated in the Resolution of 1878, should be fully discussed in the existing Boards of Managers, and in the Association of Medical Superintendents of the Hospitals for the Insane.

3. If the State Society wishes to establish certain procedures, it is wise, prudent, and professional that, before this Society shall seek coercive legislation at Harrisburg, to affect radically, and possibly injuriously, the existing organization of our State Hospitals, it shall first confer, through its Committee, or otherwise, with the

Association of Medical Superintendents, and with the Board of Management, and endeavor to seek a line of mutual and fair understanding, on which all reasonable men may coöperate.

4. Any other course adopted, or allowed by the State Medical Society, is, to the mind of this minority, unwise and hasty, when we consider the gravity of the change proposed, and, toward that section of our membership, the worthy medical officers of our State Hospitals, ungenerous and unprofessional.

Dr. John L. Atlee, of Lancaster, moved that any further action upon this subject at this time was inexpedient and premature.

This was discussed at some length by Drs. Green, Davis and Sibbett.

On motion of Dr. Gallaher, of Pittsburg, both reports were received.

After some further discussion, the motion of Dr. Atlee was lost, by a vote of ayes, 29; nays, 37.

On motion of Dr. Albert H. Smith, of Philadelphia, the majority report was adopted as the sense of the Society.

On motion of Dr. J. W. C. O'Neill, of Gettysburg, the minority report was referred to the Committee on Publication.

Dr. John Curwen, of Harrisburg, read a report from the Committee on Epilepsy and Insanity.

By the terms of the resolution which appointed me a Committee to report on "the proportional number of epileptics who become insane," the county societies were requested to report to me the number of such within their knowledge. I have not received communications from any county society on the subject, and am not able, therefore, to give any information from such sources. But, that I may not be considered remiss in the performance of the duty assigned to me by the Society, I take the liberty to give some statements on the general subject of epilepsy, and its tendency to the production of mental disorders.

The distinction originally made by the French physicians between the great and the small, as applied to epilepsy, has not been as carefully considered as it should be, the effects of the two forms on the mental integrity being taken carefully into account. In the great epilepsy, that which is so generally called epilepsy, simply characterized by the violent convulsions, the disease may exist for a term of years, in many persons, without any manifest deterioration of the mental powers; and this will be the more evident when the attacks come on after maturity, and the individual has attained full development, because the different organs have attained their full strength and are better able to resist the invasions of disease. Very much, also, will depend on the original constitution of the individual and the freedom from any hereditary taint of any part of the nervous system; while something must also be allowed for the particular organ of the body which, by its disease or disordered action, may have induced the epilepsy; some organs, from their very extensive nervous connections, being much more influential than others.

When the epilepsy commences in childhood or early life, it will be much more likely to impair the mental powers, for the obvious reason that the nervous system being in a formative state

and very susceptible to morbid influences, will be much more readily disordered, and the functions, consequently, more or less disturbed; and the extent and degree of that disturbance will depend very much on the frequency and duration of the convulsive seizures.

In the small epilepsy, the disease is manifested by very slight attacks of unconsciousness, often merely an interruption in conversation, continuing for a few seconds only, and most generally attributed to a variety of other causes, and not considered of any serious import, and on this account the disease may exist for a long period unnoticed, and its character unsuspected, more particularly if the attacks should occur during the night.

It has been generally held that this form of the disease is much more fatal to the mental integrity than the other form, from the insidious nature of the attacks, and their long continuance unsuspected; very few cases afflicted with this form of the disease preserve their mental soundness.

So far as I have been able to ascertain, no statistics exist which will give even an approximate estimate of the proportion of epileptics whose minds are affected by the invasions of the disease.

On motion, the report was accepted and the committee continued.

The Permanent Secretary, in the absence of Dr. A. Fleming, of Pittsburg, read the address in Medicine. It was a careful examination into a malady termed "Emotional Fever," giving its differential diagnosis from typhoid, etc., its prognosis, symptoms, pathology and treatment.

It was referred to the Committee on Publication.

Dr. Joseph Parrish, of Burlington, N. J., being present, was invited to a seat with the officers.

Dr. Ellwood Harvey, of Chester, read a paper, entitled "Cholera Infantum." He detailed the symptoms, etc., and gave great prominence to his method of treatment, for which he claimed the best results, viz., blisters to the head, to relieve the brain trouble, which he regarded as the whole source of danger. He detailed a number of cases in which the best results had followed this mode of treatment.

After some discussion, it was referred to the Committee on Publication.

Dr. John H. Packard, of Philadelphia, read a paper on the Diagnosis and Treatment of Fractures near the Joints.

This was discussed by Drs. Atlee and Hodge, and referred for publication.

Dr. Richard J. Levis, of Philadelphia, read a paper on "Fracture of the Radius at its lower end," and exhibited a new splint, which he believed was the best means of keeping the displaced parts in their normal condition until the repair had been accomplished. The splints are struck by a die, in copper, and tinned.

This was referred for publication.

On motion of Dr. J. S. Crawford, of Williamsport, it was

Resolved, That the Medical Society of the State of Pennsylvania, now in session at Chester, Delaware County, views with the deepest satisfaction the progress of the Senate Bill, to create a

State Board of Health, in the House of Representatives, seeing in it a promise that our great Commonwealth will not long remain behind our little sister State of Delaware in establishing this much needed agency for the better protection of the lives and health of our citizens.

Resolved, That this resolution be forwarded by telegraph, to the appropriate officer of the House of Representatives.

On motion of Dr. Michael O'Hara, of Philadelphia, it was

Resolved, That the bill now before the Legislature of this State, providing for the legal restraint of habitual drunkards in asylums especially designed for the treatment of those so unfortunately affected, commands the entire sympathy of this Society, and that we do not hesitate to urge upon the House of Representatives the duty of providing such a resource for the victims of inebriety and the protection of their families and their property.

Resolved, That this resolution be communicated to the proper officer of the House of Representatives, by telegraph.

The Permanent Secretary having announced that the Censors had approved the Constitution, etc., of Greene County Medical Society, on his motion, that body was recognized as in proper working connection with the State Medical Society.

On motion, the Society adjourned to meet at 2½ P.M.

AFTERNOON SESSION.

The President called the Society to order at 2½ o'clock.

On motion of Dr. Albert Fricke, of Philadelphia, all miscellaneous business was limited to fifteen minutes, and all discussion on one subject to five minutes.

The Committee on Publication reported.

The report was read, and the bills allowed.

Dr. Benjamin Lee, of Philadelphia, offered the following:—

PHILADELPHIA, May 21, 1879.

Dr. J. L. STEWART, President Medical Society of the State of Pennsylvania.

DEAR SIR:—I beg leave to present to the Medical Society of the State of Pennsylvania, through you, a copy of the Charter and By-Laws of the "Mutual Aid Association of the Philadelphia County Medical Society." This Association has been formed within the Society during the past year, for the purpose of providing against the recurrence among the members of this Society of those sad cases in which medical men, after lives devoted unselfishly to the cause of science, have died, leaving their widows and orphans dependent on the cold charities of the outside world. That such instances have taken place in our own city and county, and that not among the obscure or the unworthy, but among the bright and shining lights of the profession, those who had been honored with the highest office in the gift of our Society, was felt to be a burning stigma. That they shall not take place in the future, if the profession can be aroused to a sense of its responsibilities in this important matter, is our firm resolve. The experience of similar associations in a neighboring city, of sufficient duration to be

conclusive, has been most encouraging. They have been enabled, by the steady growth of their funds from gifts and legacies, as well as from annual dues, to save the families of many of their deceased members from penury and distress. In one instance the family of a member, whose entire contributions had only amounted to forty dollars, received, during a series of years, fully two thousand five hundred dollars.

Apart from these obvious pecuniary advantages, however, and the satisfaction of feeling that those nearest us and dependent upon us are securely protected from want in the event of misfortune overtaking us, it is confidently hoped that a spirit of brotherhood will thus be fostered in the ranks of our profession, subversive of cliques and cabals, and leading us to look on one another less as rivals in the race for honor and competence, and more as comrades, entitled to one another's support, comfort and fraternal affection.

This communication is made partly in the hope that other county societies in affiliation with the State Society may be led to consider whether similar organizations might not profitably be formed within their own bodies. In the more sparsely settled regions of our State several societies might unite for the object of mutual self-protection.

With assurances of my sincere personal regard, believe me, dear sir, yours respectfully,

BENJAMIN LEE, M.D.

President Mutual Aid Association Philadelphia County Medical Society.

On motion of Dr. J. T. Carpenter, the communication and the Charter and By-Laws of the Mutual Aid Association were referred to the Committee on Publication, for publication in the *Transactions*.

On motion of Dr. George Hamilton, of Philadelphia, it was

Resolved, That it be and is hereby recommended to the editors of the various medical publications throughout the country to take into consideration the propriety or necessity of appropriating a larger space in their respective journals to the general practice of medicine and surgery, and a more limited space to subjects that interest only a moderate number of our profession.

The Permanent Secretary read an appeal by Dr. J. P. Seiler, from the action of the Dauphin County Medical Society in his case.

Action on it was temporarily postponed, in order to hear the report of the Committee on Nominations, as follows:—

President—Dr. Andrew Nebinger, of Philadelphia.

Vice Presidents—Drs. Wm. B. Ulrich, of Delaware; Jacob L. Ziegler, of Lancaster; Geo. A. Lynn, of Washington; Joseph A. Murphey, of Luzerne.

Permanent Secretary—Dr. Wm. B. Atkinson, of Philadelphia.

Recording Secretary—To be left to Blair County Society.

Corresponding Secretary—Dr. O. H. Allis, of Philadelphia.

Committee on Publication—Drs. Wm. B. Atkinson, Benj. Lee, Wm. Goodell, O. H. Allis,

J. G. Stetler, Jas. Tyson, Philadelphia; I N. Kerlin, Delaware.

Committee of Arrangements—To be selected by Blair County Society.

Delegates to the American Medical Association.

—Drs. J. L. Stewart, of Erie; Jas. Tyson, Philadelphia; Jno. T. Carpenter, Schuylkill; Louis Kuhn, Berks; M. F. Hudson, Mifflin; Jas. M. Shearer, York; J. S. Crawford, Lycoming; Jas. B. Eby, Perry; Jonathan E. Bulkeley, Luzerne; R. B. Brown, Jefferson; Nesbit McDonald, Allegheny; A. M. Miller, Lancaster; J. L. Blatchley, Washington; Isaac Purcell, Montour; S. R. Rutledge, Indiana; I. R. Swigert, Snyder; Chas. Stubbs, Chester; Robert Horner, Adams; Ellwood Harvey, Delaware.

Delegates to the New Jersey Medical Society.—Drs. O. H. Allis, Philadelphia; J. S. Crawford, Lycoming; Geo. R. Welchens, Lancaster; Geo. Stiles, Montgomery.

Delegates to the New York Medical Society.—Drs. A. R. Blair, York; A. Thayer, Erie; Jas. Ogilby, Montour; S. S. Koser, Schuylkill.

Delegates to the Ohio Medical Society.—Drs. Stephen A. Craig, Beaver; W. C. Evans, Erie; Geo. A. Lynn, Washington; Sumner Stebbins, Chester.

Delegates to the Delaware Medical Society.—Drs. W. W. Dale, Cumberland; R. B. Ewing, Chester.

Delegate to the West Virginia Medical Society.—Dr. H. G. Chritzmann, Franklin.

Delegates to the Maryland Medical Society.—Drs. W. S. Roland, York; J. W. C. O'Neill, Adams; Frank Emaek, Schuylkill; Alex. Craig, Lancaster.

Delegates to the Massachusetts Medical Society.—Drs. Jno. W. Hughes, Indiana; A. H. Halberstadt, Schuylkill.

Delegate to the Connecticut Medical Society.—Dr. Thos. J. Birch, Schuylkill.

Censors.—1st District. Drs. A. Fricke, Philadelphia; Isaac N. Kerlin, Delaware; Jas. Fulton, Chester.

2nd District. Drs. J. B. Walton, Bucks; Traill Green, Northampton; Wm. B. Erdman, Lehigh.

3d District. Drs. Hiram Corson, Montgomery; W. Murray Weidmann, Berks; D. W. Bland, Schuylkill.

4th District. Drs. Brainerd Leaman, Lancaster; H. O. Whitman, Dauphin; H. O. Orris, Perry.

5th District. Drs. S. B. Kieffer, Cumberland; J. W. C. O'Neill, Adams; Jno. W. Kerr, York; Samuel G. Lane, Franklin.

6th District. Drs. A. H. Shaeffer, Mifflin; D. P. Miller, Huntingdon; Jno. Fay, Blair; J. G. Wilson, Cambria; D. S. Griffiths, Bedford.

7th District. Drs. W. S. Duncan, Fayette; D. G. McConaughy, Westmorland; Wm. Anderson, Indiana.

8th District. Drs. W. S. Foster, Alleghany; S. L. Blatchley, Washington; D. S. Marquis, Beaver.

9th District. Drs. Samuel Graham, Butler; E. Griswold, Mercer; W. S. Welsh, Venango; Jas. Ross, Clarion.

10th District. Drs. A. S. Bonsteel, Erie; T. J. Young, Crawford; David Best, Crawford.

11th District. Drs. A. Hibler, Centre; C. K. Thompson, Tioga; Thos. Lyons, Lycoming.

12th District. Drs. Jas. D. Strawbridge, Montour; E. R. Mayer, Luzerne.

13th District. Drs. D. N. Newton, Bradford; S. A. Smith, Susquehanna.

Next meeting to be held at Altoona, on third Wednesday in May, 1880.

THOS. LYONS, *Chairman.*

ALBERT H. SMITH, *Secretary.*

On motion of Dr. Dale, the report was accepted, and the officers were declared elected for the ensuing year.

Dr. Jacob Price, of West Chester, announced the death of Dr. Isaac Thomas, and offered the following:—

"WHEREAS, This Society has heard with regret of the death of Dr. Isaac Thomas, a member from Chester county, and one of the founders of the Medical Society of the State of Pennsylvania; therefore,

"Resolved, That this Society hereby express their profound regard for their late fellow-member, so long an active worker in our ranks, and whose memory will be cherished as one of the honored founders of this Society."

After some touching remarks by Dr. J. L. Atlee, the preamble and resolution were unanimously adopted.

Dr. O. H. Allis, of Philadelphia, read a paper on the "Diagnosis of Fractures near the Hip," etc.

It was referred to the Committee on Publication.

The Treasurer, Dr. Lee, read his report, showing a balance in the Treasury of \$1067.16.

It was referred to an Auditing Committee, consisting of Drs. Thomas Lyons, S. T. Davis and W. W. Dale.

Dr. R. A. Cleemann, of Philadelphia, read the Address in Hygiene.

He urged the importance of cultivating the science of hygiene, and deprecated the usual habit of claiming and expecting so much from hygienic measures. He alluded to sewer gas as a supposed cause of all zymotic diseases, when typhoid fever was as frequently the result of the use of foul drinking water. He instanced the prevalence of this fever in many sections of this country where no sewers are found. Less than one-third of the deaths from typhoid fever in large cities can possibly be from sewer emanations. If this cry leads to correction of leaky pipes and foul mains, it is well, but if we assert this as a cause, and it be removed while the disease continues to prevail, such a condition of things would grievously impair the standing of the medical man, and give rise to a suspicion of want of knowledge, etc. Cleanliness alone will not prevent all disease. Cholera infantum rages as fiercely among the cleanly kept portions of the city as elsewhere.

He alluded to cancer as on the increase, it having caused, in Philadelphia alone, during the last seventy years, over 6000 deaths, or over half the number of deaths during the same time from smallpox. Comparing earlier times, we reach a yet more alarming account. From 1807 to 1811 the deaths from cancer were 45 per thousand, while from 1872 to 1876 the ratio was 16.4,

an increase in 66 years of 400 per cent. This ghostly malady, the clutch of which is certain death, gathers to itself, even after allowance for increase of population, twice as many victims as in the beginning of the century. Allowing for varying meteorological conditions and epidemics, we find in the period from 1862 to 1866 a yearly average of 8.14 deaths to 10,000 of the population, while from 1872 to 1876 the ratio was 3.92 per 10,000, making an advance of 25 per cent. In London, the statistics are similar. During thirty years, from 1845 to 1874, the rate advanced from 3.4 per 10,000 to 5.7 per 10,000, an increase of 70 per cent. While the death rate has increased, there has not been a parallel advance in the method of diagnosis. What may be expected from those who live two generations hence? The origin of the disease still remains a mystery. Heredity plays an important part in producing and perpetuating this malady, and to those inheriting a predisposition to this fearful ailment the advice would be marry not at all.

He alluded with much congratulation to the establishment of the National Board of Health, the prospect of a State Board in Pennsylvania, with auxiliary organizations in each county.

On motion, the address was referred to the Committee on Publication.

The Auditing Committee reported that they had examined the accounts of the Treasurer, and had found them correct.

The report was received, and the Committee discharged.

Dr. Benjamin Lee exhibited his method of applying the porous felt jacket for curvature of the spine. The special advantage over the plaster-of-Paris jacket was its capability of being removed, for cleanliness; allowing the excretions to escape, etc. He then exhibited a patient to whom it had been applied, and extended him in the proper way for applying the jacket.

Dr. Hiram Corson, of Conshohocken called up the case of Dr. Seiler, and asked that Dr. Traill Green, of Easton, who had been a party to the arbitration at Pittsburg last year, might be allowed to make a statement.

On motion of Dr. W. W. Dale, of Carlisle, this was allowed.

Dr. Green then explained the arbitration, etc., and said that all understood that this settled the affair.

Dr. Atlee then urged its reference to a special committee, to report at this session.

Dr. Curwen moved, as a substitute, that this Society now approve the action of the Censors of the 4th District.

After some discussion, by request the report was again read, when Dr. Andrew Nebinger, of Philadelphia, raised the point of order that the report was incomplete, inasmuch as it contained no date or locality.

The President decided the point as well taken, and ruled the report and Dr. Curwen's motion out of order.

On motion of Dr. Wm. Pepper, of Philadelphia, it was agreed that a special committee should be appointed by the President to investigate the status of Dr. J. P. Seiler, and report at the next annual session.

Vice President Dr. J. T. Carpenter having

taken the chair, Dr. Pepper read a paper entitled "A Clinical Contribution on Exophthalmic Goitre;" he gave the symptoms and causes of the disease, its pathology and treatment, and detailed the history of thirty-one cases, ranging from childhood to old age. It was most frequently observed in children, and was largely due to anemia, hard work, anxiety and poor food. His treatment was the use, in large doses, of iron; especially the dialysed form. On motion it was referred to the Committee on Publication.

The President now resumed the chair.

Dr. J. V. Shoemaker, of Philadelphia, read a paper on the External Treatment of Skin Diseases, and exhibited a variety of soaps, oleates, etc., which he had found useful. The paper was referred to the Committee on Publication.

The President then introduced Dr. H. Genet Taylor, of Camden, N. J., a representative from the Medical Society of the State of New Jersey.

Dr. Taylor was invited to a seat with the officers, and made a few appropriate remarks.

Dr. Geo. Hamilton, of Philadelphia, offered the following resolution, which was rejected—

Resolved, That it be and hereby is recommended, that papers to be read before this Society be held within such limits as will afford time for brief and pointed discussion thereon, so that the valuable experience of members may find opportunity for expression.

On motion of Dr. Ulrich, it was agreed that this Society shall meet next year, at 9 A.M., on Wednesday (the first day), and continue in session four days, if business offers.

Dr. P. D. Keyser, of Philadelphia, read a paper on Color Blindness, being the result of an examination of workmen on railroads. Three and a half per cent. were color blind, mistaking one color for another. Eight and a half per cent. could not distinguish shades. The first were, therefore, unsafe to employ where the color of signals becomes important. He found two men thus blind who had educated themselves to know red from green, because the former was more intense. Green was to them a deep or dull color, hence dark red, dark green and brown were all green to them, and they would call them such. This showed them to be unsafe as signal men. Again, he found that they could distinguish bright red when within three feet, but at ten, twenty or thirty feet it was called green. He stated that the study of color had been introduced into some of the lower classes in the schools.

Dr. O. H. Allis, of Philadelphia, offered the following amendment to the Constitution:—

AMENDMENT TO ARTICLE V, SECTION 10.

"If any member or members of a county medical society shall violate the code of medical ethics, it shall be the duty of said county medical society to discipline said member or members, and if any county medical society shall refuse or neglect to do so, it shall be the duty of the Censor of the State Medical Society, on being notified of such delinquency, to officially notify said medical society of the charges made against it. And in case said county medical society shall neglect or refuse to investigate said charges, and to discipline the member or members so

charged, within six months from the time so officially notified, said county medical society shall forfeit all its privileges and connections with the State Medical Society, and the severance shall be publicly announced at the ensuing annual meeting of the State Medical Society."

Objection having been made to its immediate adoption, according to rule, it laid over till next session, in 1880.

On motion, the Society adjourned to meet on Friday at the Institution for Imbeciles, at Media.

MEDIA, INSTITUTION FOR IMBECILES,
Friday May 23d.

The President called the Society to order at 9½ A.M.

He announced as the Committee to investigate the status of Dr. J. P. Seiler, as ordered by resolution of yesterday:—Drs. Traill Green, Easton, Chairman; Thos. Lyons, Williamsport; Alex. Craig, Columbia; J. W. C. O'Neill, Gettysburg; W. F. Knox, McKeesport; J. S. Crawford, Wilkesbarre; and Wm. Anderson, Indiana.

The Permanent Secretary read the following, which was ordered to be entered on the minutes:

DERRY STATION, PA., May 20th, 1879.

To the Medical Society of the State of Pennsylvania—

Having been appointed as one of your delegates to the Medical Society of the State of West Virginia, I attended the annual meeting of that body, and in consequence of being unable to attend the present meeting of our Society I submit the following report:—

The Society met in the Court House at Weston, on Wednesday, May 22d, at ten o'clock A.M., and was called to order by Dr. Wm. M. Dent, First Vice President, who, in the absence of the President, Dr. James H. McSherry, occupied the chair. The attendance at this session was not as large as on some previous occasions, on account of the want of railroad facilities, the town of Weston being twenty-three miles from Clarksburg, the nearest railroad station.

Upon being introduced by Dr. A. H. Kunst, as a delegate from the Medical Society of Pennsylvania, I was invited to be seated with the members and to participate in the proceedings, after which I tendered your fraternal feelings, and assured them that the Medical Society of the State of Pennsylvania recognized in them a body who are alive to the promotion of the best interests of the profession and the advancement of true medical science.

The papers read were of a high order of excellence, and called forth interesting discussions.

Notwithstanding the fact that their Society is young in years, having been organized since the close of the war, its members are full of life, and striving with zeal and energy to elevate the profession in their State, and to dispel from their midst the *Herb Doctors*, *Quacks*, and the many *Humbugs*, by whose ignorance and mismanagement of disease so many of the human family are brought to untimely graves.

During the afternoon of the first day's deliberations the society visited the West Virginia Hospital for the Insane, which is located at this place, and were shown through the various

wards. A reception and entertainment were given in the Hospital in the evening, where the citizens paid their respects to the Society. Thanking the Society for the honor conferred in sending me as a delegate, I am, very respectfully,
I. P. KLINGENSMITH.

A bill for fifteen dollars, from the Committee on Female Superintendents, etc., Dr. H. Corson, Chairman, was presented, and ordered to be paid.

The Permanent Secretary read the following resolution, as having been adopted at the last session of the American Medical Association:—

"Resolved, 1. That the American Medical Association adopts the International Metric System, and will use it in its *Transactions*.

"2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

"3. Requests the medical boards of the hospitals and dispensaries to adopt the Metric System in prescribing and recording cases; and that the faculties of the medical and pharmaceutical schools adopt it in their didactic, clinical or dispensing departments.

"4. Requests the physicians familiar with the Metric System to help their conferees and the druggists in its application; and the delegates present at this session to work up the acceptance of the Metric System by their respective county and State Societies.

"5. Requests our President to name a Metric Executive Committee, of which he shall be the ex-officio Chairman, and whose task it will be to give unity and rapidity to this Metric movement."

On motion, the communication was entered upon the minutes.

A note from Dr. Joseph A. Reed, of Dixmont, was read, regretting his inability to be present and present the Address on "Mental Disorders."

The President announced the following:—

To prepare the Address on "Medicine," Dr. Thos. W. Shaw, of Pittsburg.

Address on "Obstetrics," Dr. John T. Carpenter, of Pottsville.

Address on "Surgery," Dr. John H. Packard, of Philadelphia.

Address on "Mental Disorders" Dr. Isaac N. Kerlin, of Media.

Address on "Hygiene," Dr. Benjamin Lee, of Philadelphia.

The Committee on Unfinished Business reported no unfinished business.

Dr. John Curwen, of Harrisburg, read a paper on Nocturnal Epilepsy.

By request of the author this was not referred.

The report of the Committee on State Board of Health was read, accepted, and the Committee continued until their work had been completed.

REPORT OF COMMITTEE ON STATE BOARD OF
HEALTH.

Your Committee respectfully report, that in accordance with their instructions, they addressed a memorial to the Legislature, urging the passage of the bill reported by the State Society, and personally visited Harrisburg for the purpose of impressing upon the members the importance of

the measure. In the meantime, another bill upon the same subject was introduced in the Senate, and your Committee judged it expedient to give their support to this, as amended at their suggestion, rather than run the risk of jeopardizing the interests of both. The following is the bill as thus amended, which has passed the Senate and is now on second reading in the House. While omitting some important details contained in our own bill, it introduces a valuable feature, that of County Boards of Health, which may be considered an equivalent. While not venturing to make a confident prediction as to the final action of so uncertain a body as a State Legislature, we are able to say that the Act has reached a further stage than any previous one for the same purpose.

Signed, W. B. ATKINSON, *Chairman*.
BENJ. LEE.

On motion of Dr. T. J. Gallaher, of Pittsburg, the thanks of the Society were returned to the Committee for their labors in the matter.

Dr. B. Lee, of Philadelphia, offered a special vote of thanks to the Camden and Atlantic R. R., for their courtesy to the Society, and the Secretary was requested to transmit to its officers a copy of the resolution.

Bills from the Committee of Arrangements, to the amount of \$78.32, were ordered paid.

By request, Dr. Joseph Parrish made some remarks on Inebriate Asylums.

On motion of Dr. Green, Dr. Parrish was requested to prepare his remarks for publication, and a vote of thanks was returned to him.

On motion of Dr. Lee, the Committee on Publication were requested to publish with these remarks the memorial and bill for the care of inebriates.

On motion, a recess was taken, in order to allow Dr. Kerlin to exhibit the building and the mode of training the children.

After the members had been most satisfactorily entertained, by a thorough examination of the building, etc., and by an exhibition of the modes of training and instructing the children, the Society was again called to order by the President.

Dr. Edward Seguin, of New York, was invited to a seat on the platform.

The Committee on Columbia County reported as follows:—

CHESTER, May 22d, 1879.

To the President, etc., of the Pennsylvania State Medical Society:—

GENTLEMEN:—The Committee to whom was referred the communications presented to the Society by the corresponding Secretary, Dr. Oscar H. Allis, respectfully report the following resolutions, and ask their adoption, viz.:—

Resolved, That the communications and correspondence presented to the Society by the Corresponding Secretary, Dr. O. H. Allis, in regard to Dr. A. L. Turner, of the Columbia County Medical Society, be, and they are hereby referred to said county Society, for its consideration and action.

Resolved, That, if said Columbia County Medical Society shall not consider and take action upon the charges embodied in the communica-

tions and correspondence presented by the Corresponding Secretary to this Society, before its meeting to be held in 1880, that the Columbia County Medical Society shall be stricken from the list of the Societies which have a right to representation in this body.

A. NEBINGER,
A. H. HALBERSTADT,
J. A. MURPHY,
A. THAYER,
TRAILL GREEN.

On motion, the report was received and the Committee discharged.

Dr. William H. Pancoast, of Philadelphia, showed the Society a new urethrotome of his devising, which he had successfully used, operating with it in nineteen cases of stricture of the urethra. The construction of the instrument is very simple. It is fashioned after the shape of the staff of Prof. Simes, of Edinburgh. In Dr. Pancoast's urethrotome the probe end is hollow, and is passed down upon a whalebone filiform bougie into the urethra; the shoulder of the instrument strikes the stricture, and a small, concealed knife is then pushed forward from the shoulder, cutting the stricture band in any way desired. The instrument seemed to be a great improvement on others, from its simplicity and strength, there being no delicate joints which might break or rust. It also seemed a safe one, as the whalebone guide must first be passed, and then the urethrotome is pushed surely and directly into the bladder, over the whalebone bougie.

He then spoke of methods of excising the upper jaw, for cancer. He demonstrated from a skull the anatomical structure and attachments of the upper jaw to the other bones of the face. He showed how prominent is the malar bone, and how important a bone it is in the structure of the face, supporting the cheeks, and preserving the expression. This bone is one of the hardest and most solid in the skull, and as Dr. Pancoast had found it often healthy and sound, even in the worst cases of cancer of the upper jaw, he was led to save it, both for the preservation of the shape of the face, and so as not to remove any more bone than was absolutely necessary. His plan, as he described it, is, after opening up the face by a sweeping incision from the ear, just in front of the temporal artery, forward, in front of Steno's duct, and then through the upper lip, to attack the jaw, at first in the usual way, cutting through the palate process, then the nasal process of the bone. He then passes an eyed probe, or large curved needle, armed with a ligature, beneath the eyeball, and down through the sphenoidal fissure, which is in the floor of the orbit. This ligature then pulls through a chain saw, which divides rapidly the attachment of the upper jaw to the malar bone. He then, with a chisel, pries out the jaw bone, cutting at the same time the superior and inferior maxillary nerves, leaving the malar bone in position, and uninjured. The speaker said he had used this method already in four cases, one recently, in the clinic of Jefferson College Hospital, and was much pleased with the result. The contour of the jaw is preserved, and it is remarkable how little deformity exists after such a severe operation.

He spoke of synovitis of the joints, and showed how articular cartilage does not ulcerate, but is absorbed away by the inflamed vascular and thickened synovial membrane. This he illustrated by referring to cases where he had been obliged to exsect joints, and even amputate limbs, for advanced cases of synovitis, accompanied by caries and destruction of the bones. In no case did he ever find the articular cartilage inflamed, but softened and macerated, as in a macerating tub, while the synovial membrane was vascular and swollen, and could be lifted up from the surface of the articular cartilage, which it was softening and absorbing. He has saved many joints by attending to this pathological fact. In cases of synovitis he employs the well-known principle of gently keeping the joint extended, and then, by counter-irritation over the joint, and such constitutional treatment as may be needed in addition to the rest, has made many cures, thus saving joints and limbs.

The speaker showed a splint that he had just removed from a patient affected with synovitis of the right wrist. The seat of greatest pain being where the metacarpal bone of the middle finger articulated with the os magnum. The wrist was nearly twice as thick as the other. The lady said she had been suffering for three years, and had been under treatment. She showed a prescription of mercury and iodide of potassium that had just been given her. The splint, a simple shingle, covered with black silk, had a hole in the front part of it, large enough for the fingers to play through. To the rim in front the hand was fastened by a strip of silk or bandage, tied into a loop of plaster fastened around the hand. The other end fastened by adhesive strips to the forearm, just below the elbow, so as to keep the wrist joint gently and firmly extended. The specific medicine was not given, and no medicine, but a succession of blisters on the back of the wrist, over the point most tender to pressure. She has been under treatment for about three weeks. The soreness has all disappeared, and the hand is comfortable and natural, save the undue thickness of the wrist. The patient is still under observation.

He mentioned another case, of rheumatic synovitis of six weeks' standing, accompanied with great pain, swelling of the joint and a grating at the inferior radio-ulnar articulation. The patient showed the evidences of great suffering and loss of sleep. A similar splint and treatment was instituted, with additional treatment for the rheumatic diathesis. The patient, a woman, was much better, but still under treatment and wearing the splint.

He mentioned two cases of synovitis of the wrist of the right hand. One caused by a gunshot wound, another from a blow. Both patients, men, insisted upon having their hands amputated. But the speaker said he refused to do so, and saved both hands. In one, a private case, he split the hand to the wrist and cut out the middle finger, corresponding metacarpal bone and diseased bones of the wrist, bringing the hand together again. In the other he exsected the wrist joint, and cut off the radius and ulnar, at the Philadelphia Hospital. Both cases resulted successfully, and the patients are earning

their living as clerks, writing with the same right hands they wished amputated.

The speaker mentioned another case of synovitis of the ankle joint, with caries, resulting from a gunshot wound. (The patient a lieutenant in the Union army during the Rebellion, and shot in Florida.) The speaker split the foot to the ankle joint, removed the second toe, corresponding metatarsal bone and the diseased bones of the tarsus. After tying the blood vessels, he united the wound, and the patient is walking on his foot now. This patient had suffered so much that he wished his foot amputated.

He also mentioned that for some years he had been using black sewing silk as a suture, and that he preferred it usually to all others. It could always be obtained from a lady's workbox. The iron used in the dye made it easily supported by the flesh, and from its color he could use a finer ligature than of white, as it could be so easily seen. In plastic surgery, he found the flesh endured its presence for a long time; from the color, it could always be readily found without disturbing the wound, and it could be made as strong as desired by simply waxing some threads together, and if needed, could be carbonized.

The President appointed Vice Presidents Drs. T. J. Gallaher and J. T. Carpenter, to escort the President-elect to the chair.

Dr. Ulrich, Chairman of Committee of Arrangements, offered a paper on removal of an intraocular (living) cysticercus from the eye of a man, by Dr. Jas. E. Garretson, of Philadelphia, with remarks by Dr. Chas. S. Turnbull, of Philadelphia.

It was referred to the Committee on Publication.

The President-elect, Dr. Andrew Nebinger, of Philadelphia, was now presented, and the retiring President made some remarks, thanking the Society for the confidence reposed in him.

Dr. Nebinger took the chair and gave a brief address, thanking the members, etc.

On motion of Dr. John L. Atlee, thanks were returned to the retiring President, for the able and impartial manner in which he had administered the duties of his office.

The Vice Presidents then took their positions. Dr. Gallaher introduced Dr. E. Seguin, and he gave, by request, some remarks on idiocy and its treatment.

On motion of Dr. Atlee, the thanks of the Society were returned to Dr. Wm. B. Ulrich, Chairman of the Committee of Arrangements, and to Dr. Isaac N. Kerlin, for the manner in which they had cared for the wants of the Society and had contributed to the success of the meeting; to the officers of the Society, for their earnest labors in the performance of their duties; to the various railroad companies, for courtesies extended to the delegates.

On motion, the Society adjourned, to meet in Altoona, on the 3d Wednesday of May, 1880, at 9 o'clock, A.M.

—Experienced and reliable nurses for private cases can now be secured by applying at the Pennsylvania Hospital.

NORTHERN MEDICAL SOCIETY OF
PHILADELPHIA.

STATED MEETING, MARCH 28TH, 1879.

Dr. J. T. Eskridge read a paper upon "Functional Disorders in Digestion."

Dr. E. E. Montgomery remarked that he had derived great advantage, in one form of dyspepsia, from the use of silver nitrate combined with hyoscyamus. He meant not a simple relief of one attack of indigestion, but a full recovery of the powers of the stomach, so as to be able to digest as formerly (pork, for example).

Dr. Robert Burns remarked that he had found the disorders most prevalent among two classes in society: first, those who habitually consume large quantities of food, great eaters; second, those who consume large quantities of liquids, great drinkers. He thought that the bad habits of living, too rapid eating, and especially improperly prepared food and bad cooking, were the two most frequent among the immediate causes of dyspepsia. He also believed tobacco to be a most fertile cause. The common practice of treating acid pyrosis by alkalies he could not too heartily condemn. He found most benefit from tonics, as iron and strychnia, nitro-muriatic acid, etc.

Dr. E. R. Stone called attention to the small doses of pepsine usually given, the amount far too small to be of much assistance in the solution of food, as shown by artificial digestion. He suggested that it might in some way act as a stimulant. He also called attention to the ap-

parent aid to digestion given by a small amount of tobacco.

Dr. Eskridge remarked that he believed that the movements of the stomach, together with the rapid absorption, accounted for the relatively large dose of pepsine required for artificial digestion, though he gave larger doses than many—rarely giving less than ten grains, three times a day.

Dr. E. E. Montgomery presented a tumor, oval in outline, three-quarters of an inch by half an inch in diameter, which he removed from the second phalanx of the ring finger of a child about ten years old. It was situated on the dorsum of the finger, and apparently in the connective tissue, beneath the skin; said to be congenital, and that it had increased in size during the past year.

Dr. L. B. Hall had made a microscopic examination of the tumor, which he found to consist of concentric layers of epithelial cells, in various stages of fatty degeneration. The tumor was, therefore, a "sebaceous" one. He thought the locality a rare one.

Dr. H. Rihl said he remembered removing a similar tumor some years ago, from the eyelid of a young lady, aged about 18. The tumor was said to have been congenital, and excited considerable interest at the time, because he found hairs growing from the interior wall of the tumor.

Dr. Hall remarked that if the commonly received theory of origin of these tumors be the correct one, viz., that they are plugged up sebaceous glands, the wonder is that hair is not more commonly found.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Chronic Ovaritis and its Treatment.

In a late lecture reported in the *London Medical Times and Gazette*, Dr. J. Matthews Duncan says: Occasionally this disease is seen as a consequence of fever, especially typhoid, cholera, rheumatism; and, in close connection with these diseases, it is very frequently a result of the use of alcoholic liquors, even when these are not taken to excess. At present my impression is that that is a most frequent cause of the disease; and this view of the causation of the disease is in the most gratifying manner frequently corroborated, if not proved, by the cure which follows upon the adoption of teetotal living. A great mass of cases occur as a consequence of recent marriage, suppression of menstruation, abortion, and delivery at the full time, when there is no evidence of blood poisoning. In a certain class of women you have the disease occurring in its most characteristic form; and it is in young strumpets that the disease is best studied. There it is a consequence of gonorrhœa. The inflammation extends to the ovaries. It may be chronic for a considerable time, and produce, as its chief annoyance to the patient, slight loss

of blood, in consequence of the endometritis which in this case accompanies it. Then the disease may produce perioophoric adhesions; and, under proper treatment, you may watch the disappearance of these perioophoric adhesions and the disappearance also of the ovaritis. It is in cases of young strumpets that I have learned most of what I have been describing to you to-day. Now a few words on the treatment; and I begin by telling you that you will find a great many cases chronic—which is almost a synonym for incurable. I advise you, indeed, in many cases which resist a properly conducted treatment, to give up the attempt at cure. You will only bother your patient, make her a valetudinarian, and do her harm, by further persistence in attempting to cure a disease which proper treatment has failed to remove. The treatment is modified according to the nature of the disease, according to its acuteness. In every case you wish rest; and no doubt, the more serious a case is the more strict should be your injunction as to rest, and in bed. Physiological rest can only be obtained very imperfectly, for the woman must menstruate, and that is an interference with physiological rest. In married women there are other difficulties which do not require to be described. In many cases the use of leeches

applied to the neck of the womb, or applied over the inguinal ring, is very valuable. The medicines most relied upon are corrosive sublimate, iodide of potash, and bromide of potash. As leeches are specially useful in the acute cases, so repeated blisters over the inguinal ring or in that region are frequently very valuable in the chronic cases. Lastly, it has of late years frequently been decided to spay women in this disease; and many cases of the operation are recorded. That operation is still *sub judice*. Most gynecologists say that it is condemned already, but upon it I reserve my opinion.

The Therapeutic Value of Croton-chloral.

Dr. R. Riddell speaks, in a paper printed in the *Dublin Journal of Medical Science*, favorably of this new remedy. He says, after quoting his first instance—

Since that time I have used it largely—sometimes failing, sometimes relieving—till, by keeping an account of all my cases, it began to dawn on me which were benefited by the drug. Since then the number of cases relieved (some permanently) has increased. These cases are—headache in females, arising from mental distress; those cases of headache so frequent at the menopause—in fact, all those called neuralgic, except a few arising from internal mischief, are benefited, and in many instances, cured. In that distressing species of neuralgia called *tic-douloureux*, I have found it in many cases acting like a charm. Of course I do not include any arising from cranial or intercranial causes. I have tried it in neuralgia of the ovaries, but no good resulted. In insomnia it is not so reliable as the hydrate, but in some cases, where the loss of, or inability to, sleep is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the circulation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton-chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses, to produce the same results, than singly. In this I pushed it from ten to thirty grains every three hours, with drachm and two-drachm doses of the infusion of digitalis. In pain arising from caries of teeth, I have found it useless in most cases, and in all inferior to Richardson's "tr. gelsemini;" but in one case, of a nervous young lady, by giving her two ten-grain doses, I was able to extract a tooth next to painlessly, to her great satisfaction. You will notice in all these cases it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service, you must give the drug in far larger doses than prescribed in the *Pharmacopœia*—for adults, five grains, three or four times daily, gradually increasing if required; if stimulants are wanted, dissolve it in rectified spirit; if not, dissolve it in glycerine. In all cases complicated with hemorrhoids, give glycerine. If anemia exists, combine it with iron, or, which I believe better, arsenic; then gradually lessen the chloral. In all cases I have found it better to give it in solution than in powder or pill.

Treatment of Puerperal Mania.

Dr. S. Putnam says, in the *Transactions of the Vermont State Medical Society*—

We should first learn betimes the vulnerable points and tendencies of our patients, and regulate their hygiene and medication accordingly. Should a latent albuminuria be found, let the patient live upon milk diet; use the warm sitz bath at night, followed by abundant frictions to the back and limbs. In the morning, cold or tepid sponging, with friction, to be followed by walking, or carriage exercises. At lying-in, avoid as far as possible the causes of anemia, prostration, irritation and excitement.

Should the patient be unable to sleep, make the conditions the most favorable to secure that result, and if sleep does not occur, use chloral, morphia and camphor, or whisky in quantities ordinarily adequate to produce that effect, and I believe we shall seldom have puerperal mania to treat. But should a threatening case explode on your hands, notwithstanding your care, perhaps a cathartic is needed, especially if constipation exists, after which a more efficient use of anodynes, stimulants and tonics may succeed. Should they not, and the delirium be violent, aconite, veratrum or digitalis might be used, or even anæsthetics. When uræmic delirium or stupor is evident, I have used, with benefit, ten grains nitrate potas., one drachm nitrous ether, and five drops of dilute nitric acid in water, every four hours; or instead, when insomnia persists, ten or fifteen grains bromide potas. every two hours, alternately with twenty drops tinctura ferri muriati. Meanwhile, nutrients, stimulants and tonics are to be given as needed.

Typhoid Fever and its Treatment.

Dr. E. F. Wells reports, in the *Toledo Medical Journal*, thirty-five cases of typhoid fever, with only two deaths. The treatment employed was mainly dietetic and regimènal, together with the liberal use of the mineral acids throughout the whole course of the disease. An ordinary case was put to bed in a cool, airy room, from which the greater portion of direct and diffused light was excluded. The bed clothing, of cotton, light, and changed daily, as well as the patient's under clothing. A tepid sponge bath once or twice daily, the last at bedtime.

Diet consisted exclusively of milk, uncooked eggs, beef tea, and similar articles; the main reliance, however, was placed upon milk, in any form desired by the patient, and was taken without complaint, or with relish, by all save one or two of the cases. Food was given in regular intervals. The bowels were kept open, but any inordinate diarrhœa was attempted to be controlled. Rest and sleep was assured by the use of opium and its succedanea. Delirium was treated with full doses of alcoholic liquors. From fl. 3 ss to fl. 3 j of the dilute mineral acids, plentifully diluted with water, and sweetened and flavored to suit the taste, was taken with relish and evident benefit by all the cases. Cases accompanied with much tympanitis were greatly relieved by the use of turpentine, given either alone or in combination with castor oil, as was indicated by the symptoms.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Essays in Surgical Anatomy and Surgery. By John A. Wyeth, M.D. Wm. Wood & Co. 8vo, pp. 262.

In this volume we have a number of papers, previously published, collected and given a more permanent form, for which we should be thankful to the publishers, for certainly no essays ever more justly deserved the compliment of being reprinted. The greater part of the book is occupied by the discussion of the surgical anatomy and surgery of the innominate, subclavian and carotid arteries. The author has made many dissections of the vessels, and gives elaborate tables of the points of origin of the branches, in order to establish the proper situation for application of the ligature in aneurism, wounds, etc. By means of diagrams he shows, in a graphic manner, the range of variation of the branches, the anomalies found at times, and the venous relations of the vessels. In addition, collections of cases of ligation of these vessels are given, embracing all the published instances that could be found by the author, and many obtained by personal correspondence. The extent to which this has been carried is evident when it is mentioned that there are tabulated 789 instances of ligation of the common carotid; 91 of the external, 18 of the internal carotid; 16 of the innominate; and 286 of the subclavian. These tables serve as a basis for valuable deductions made by the author, with the aid of the light furnished by over one hundred careful dissections. The reader will therefore see that the prizes of the American Medical Association were well merited by these surgical studies. The most important fact developed by the consideration of the subject is, that a ligature should never be applied to the common carotid for a lesion of the external, except there be no room to permit the ligation of the external between the lesion and the bifurcation of the primitive. The rate of mortality after tying the primitive trunk is said to be forty-one per cent., after ligation of the external four and a half per cent. The fact that nearly all of us have known of ligation of the common trunk where tying the external was scarcely considered, shows that it has become the custom of surgeons to look upon ligation of the external carotid as an operation to be seldom performed, while many hundreds of instances of the more serious operation are re-

corded. If Dr. Wyeth's words cause every man to halt before placing the ligature about the primitive carotid, there will be much good done in the way of conservative surgery, and many lives saved that would doubtless have been sacrificed by undue haste in deciding upon the point of ligation.

In speaking of ligation of the innominate for the cure of subclavian aneurism, he says that circumstances justifying this procedure will occur so rarely that practically the operation should be abolished, and that nature unaided is more successful than surgery which ligates this vessel. In gunshot wounds of the axillary region the axillary artery should be tied in the wound on both sides of the opening; this is better practice than to ligate the subclavian, because there is risk of hemorrhage when the collateral circulation is established. There are very many important conclusions and deductions made which could be studied with profit, but it is necessary for one to see the book to appreciate it, as all its merits cannot be presented in a short review. The papers on the tibio-tarsal region, the obturator artery, and the hip joint, are good, but have less surgical interest than the essays mentioned above.

J. B. R.

Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities. By Carl Seiler, M.D., Lecturer on Laryngoscopy at the University of Pennsylvania, etc. H. C. Lea. 8vo, pp. 156.

The intention of this book is to serve as a guide to students in laryngoscopy. The instrument is described, the images explained, a chapter given to the general pathology and therapeutics of the part, and the symptoms and treatment of the principal forms of laryngitis, pharyngitis, diseases of the nasal cavities and tonsils, neoplasms and functional disorders added.

The execution of the work is well enough for the object stated; but judged by a higher standard than that of the ordinary student's manuals, it seems lacking in original features, observations and arrangement. The suggestions for treatment are quite superficial; for instance, under pharyngitis nothing is said of guaiacum, and under the abortive treatment of coryza, opium, the only real abortant, is not mentioned. The illustrations, thirty-five in number, are all copied from other books. There is a table of symptoms of the diseases of the larynx, similar, but not superior to that in Lenox Browne's work. The mechanical execution of the book is of the careful character usual with the publisher.

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D. G. BRINTON, M.D., EDITOR.

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**THE MEDICAL AND GENERAL BOTANY OF THE
 PACIFIC STATES.**

The sixth volume of the "Report upon United States Geographical Surveys west of the one hundredth meridian" forms a handsome quarto of four hundred pages, carefully illustrated with plates. It comprises the botany of Lieutenant WHEELER's expedition in 1873-76, and has been prepared by Dr. J. T. ROTHROCK, surgeon and botanist to the expedition. The combination of the two duties in Dr. ROTHROCK was particularly fortunate, as he is well known, both as a skillful physician and surgeon, and as a botanist in the very front ranks of that science. His work shows that he has studied the flora of the region he traversed, not merely in regard to its place in the vegetable world, but also in its economic and therapeutic light as well.

So much quackery and humbug have been bolstered up of late years upon the medical flora of California and the adjacent territories, that it is refreshing and instructive to see how a really scientific botanist and physician handles the subject. Eclectic doctors, speculative manufacturers

and nostrum venders have had their turn, and it is high time that the profession turn a deaf ear to their exaggerated advertisements and listen to the report of a cool and competent writer.

The chapter of the report most to our purpose is the third, "Notes on Economic Botany." There appears to be quite a number of food plants in Colorado, New Mexico and Arizona, of which we have had little or no knowledge. The Oregon grape, *Berberis aquifolium*, yields a palatable and wholesome wine; a wild cabbage, *Caulanthus crassicaulis*, is a not despicable substitute for the garden variety; the seeds of *Salvia columbaria* are ground into meal, and make a very popular food with both Mexicans and Indians; the mescal whisky, distilled from the juice from the flower stem of the *Agave palmeri*, has the inestimable advantage that it is impossible to adulterate it without destroying its peculiar flavor.

Of more strictly therapeutical interest, Dr. ROTHROCK mentions the *Fremontia Californica*, the inner bark of which develops large quantities of mucilage, similar to the slippery elm of the eastern States; the *Laurea Mexicana*, or creasote bush, esteemed by the Mexicans in rheumatic affections; the *Eucalyptus globulus*, now largely planted in Southern California, and which, as an antiperiodic, has disappointed Dr. ROTHROCK every time he has used it; the *Cucurbita perennis*, alleged to be a remedy for piles; the *Grindelia robusta*, of the wide range of whose therapeutic value the author expresses himself "in the highest degrees skeptical;" the *Bigelovia veneta*, the "Damiãna" of Northern Mexico, about which he tersely says, "I consider it utterly worthless as a remedial agent;" several species of *Eriodictyon*, all huddled together under the common name *Yerba Santa*, about whose medical properties we have no certain evidence at all; the *Ephedra anti-syphilitica*, known through New Mexico under the expressive name "whore-house tea," which has there a wide and apparently well deserved reputation as a remedy in gonorrhœa—a decoction of the stems of the plants is used; and other not less interesting medical and edible plants.

All who would form their own opinions, uninfluenced by the noise of interested tradesmen, about the natural history and medical value of the botanical drugs of the Pacific States will find this volume a trustworthy and generally sufficient guide. It should be added that Dr. ROTHROCK has been assisted in its preparation by a number of other botanists, eminent in special branches of that science.

NOTES AND COMMENTS.

Value of Sea Weeds as Medicinal Agents.

There are not less than one hundred and three different species of marine algæ found along the New England coast. Dr. H. R. Storer, in an article in the *Virginia Medical Monthly*, observes that in these vegetable forms we have a hitherto unused means of assisting in the treatment of strumous diseases. He predicts that these neglected sea weeds will be found useful by the profession for a variety of indications, in the treatment of strumous disease. They may be used entire or comminuted, and hot or cold, as poultices. Crushed and soaked in sea or fresh water, they afford an easy and efficient form of medicated bath, general or local; and when they are treated understandingly by the pharmacist, we may expect that new and valuable preparations, to be recognized as such by the profession, will be obtained. Indeed, just as cod-liver oil of more worth than much of that in the market may be extracted from the fresh livers by any housewife, over her kitchen fire, it is probable that efficient infusions, etc., of algæ, of greater value than the much vaunted "sea-weed tonics" of empiricism, may be prepared in the same homely way.

Acetate of Lead in Internal Hemorrhages.

Large doses of acetate of lead are strongly recommended by Dr. Joseph Workman, of Toronto, Canada, in hemorrhage from the lungs and from the uterus after labor. He says, in an article in the *St. Louis Medical Journal*, the promptitude with which large doses excite uterine contraction has often surprised me; and this fact has been most noticeable when instant vomiting (which, however, is not a general occurrence), has been provoked. Some of my old pupils have told me they have given it in double, or even in treble the doses taught by me, and always with good, never bad, results. In profuse hæmoptysis, I have,

within twenty-four or forty-eight hours, administered four, six or even eight drachms, without the slightest injury, and with signal hæmostatic success. Finally, I venture to say that pure acetate of lead, in large doses, is the surest and safest of all our medicinal incitants of post-partum uterine contraction.

Applications of Recent Inventions to Medicine.

The application of the microphone and telephone to diagnosis is interesting a number of observers both in this country and in Europe. Dr. Norris, of this city, has given the subject fruitful study, while at a recent meeting of a Scotch society Dr. A. Reith exhibited a specimen of a microphone attached to a telephone, which was in operation in the hall during the meeting. He had so arranged that five or six members could listen at the telephone at once. The experiments went far to prove that the microphone was a great advance in working the telephone, the articulation being much more distinct with it than with the telephone alone; although there seemed not to be any actual increase in the sound, but rather a diminution.

The electric light has also been successfully employed for surgical operations at night, and will soon be regarded as part of the equipment of a first-class hospital.

Examination of the Urine for Spermatozoa.

The plan recommended by Dr. Rouvier, in the *Gazette Hebdomadaire*, is to allow the urine to stand for twelve hours, adding benzine in summer, to prevent putrefaction; he then decants it and collects the flocculent precipitate. This precipitate is put into a test tube, ether is added, and the mixture is well shaken. In a few minutes the ether collects on the surface of the liquid as a gelatinous layer. The ether is removed by means of a pipette, and is placed in a conical glass, containing a small quantity of distilled water. All the spermatozoa in the urine thus tested are found in a very small compass, and each microscopic preparation will contain at least five or six in the field.

A New-Old Remedy for Rheumatism.

The common horse chestnut or buckeye, *Æsculus hippocastaneum*, has been brought forward anew by Dr. W. S. Drake, in the *St. Louis Medical Journal*, as a remedy in chronic rheumatism. He writes: I had an inveterate case of chronic rheumatism cured by the patient bathing in an infusion of buckeye. He had not walked for

nearly two years, and had gone through the whole routine of rheumatic remedies. While treating a horse with the infusion of buckeye, he found the swelling to rapidly disappear from his hands. He then applied it to other joints, and received the same benefit.

CORRESPONDENCE.

FOREIGN.

ED. MED. AND SURG. REPORTER:—

Vaccination is advertised as done free on four days in the week, Tuesday, Wednesday, Thursday and Friday, in Dublin. The vaccine issued from the Vaccine Department is of two kinds, (1) in hermetically sealed capillary tubes, and (2) on ivory points.

From the Adelaide Hospital trained nurses may be obtained to attend patients at their residences. There was established also, in 1866, the Dublin Nurses' Training Institute.

A peculiar feature of many of the charitable institutions over this side of the water is in their charging a moderate fee for medicine and attendance, the proceeds to aid in sustaining the charity. One dispensary requires all those receiving aid from it, sore paupers, to pay sixpence a month. This, doubtless, is a good thing, commanding a higher respect from those receiving aid, as well as helping to sustain the work.

Passing from Dublin, via Holyhood, to Liverpool, I arrived in this city early Wednesday morning, April 16th, and stopped at the Laurence's Temperance House, where, the proprietors say, John B. Gough found the only home-like house since leaving America. I took this all in, until I found English temperance houses have a great trick of using these same words. To them I suppose it is somewhat equivalent to a hardware man being "ironmonger to the Queen," etc.

A drug store in Liverpool, and in the kingdom generally, is a chemist's shop. The proprietor will not relish the term druggist—pharmacist will do, however. Open surgeries are very common. I had a very pleasant evening with the meeting of the Liverpool Chemical Association, at which I was introduced as being from America, and somewhat interested in pharmacy and in literary work, at which such a clapping and kicking were set up, to my honor, it was necessary for me to get on my feet and "make a speech."

During the reading of a paper on Anæsthetics, by Mr. Mason, it was said that ether was now used exclusively by American physicians. I corrected this statement, assuring them that the Gross's used chloroform exclusively.

Mr. Abrahams, who, by the way, is an honorary member, or a corresponding member (he says he does not know which), of the Philadelphia College of Pharmacy, asked me how the American dentists now give nitrous oxide gas. He understood it was always given from a black bag. I then gave a description of the present method of using it, as administered by Dr. J. D. Thomas and others, of Philadelphia. It is used here by the dentists almost exclusively in its condensed

form. The Society gives its social coffee luncheon half an hour before "the chair is taken."

Dr. Richardson's local anæsthesia mixture was pronounced to be the very best article for this purpose. It is used in the form of a spray.

What seemed very strange to me was the showing of a self-inking printing press in a pharmaceutical meeting. It was shown as something new, and attracted great attention. Meaning no offence, I mentioned to the Society that just such a machine had been in use in America a number of years. The young gentleman in charge of the "novelty" sent forth sparks of fire from his eyes. The truth of the matter is, a British firm buys them in America and palms them off here as English made. Mr. Burrows, European agent, in London, for John Wyeth & Bro., was with me, and we took good care "to protect American interests." Several times each of us had "to defend our country and countrymen."

Dr. Symes, a pharmacist, showed me a specimen of shea butter, obtained from a fruit about the size of an orange, from Central Africa. It is used for much the same purpose as palm oil; melts at 84° Fahr; when strained looks like cocoa butter. It is used by the dock men, for rheumatism. Whether it is the rubbing or any special virtue of the article, he is not prepared to say. He thinks that many additions will be made to the drug list as Africa becomes opened. There is much dirt in this butter when it first comes here, which must be removed by straining. He has prepared a nice specimen of it for the museum. He urges upon the society the importance of having a specimen of all the drugs imported into this market in the museum.

The library of the Liverpool Chemists' Association numbers 648 books. Among them are several American works, such as Parrish's "Practical Pharmacy," etc. Several American journals are taken in.

For the week ending April 12th there were 247 deaths in Liverpool, 46 less than for the corresponding week of last year. The death rate is equal to 28.9 per 1000. 109 of these deaths were children below five years of age (the same old story of fearful infantile mortality), and 62 were infants below one year of age. There is a health committee in this city holding weekly meetings.

C. C. V.

Intestinal Obstruction from a Floating Kidney.

ED. MED. AND SURG. REPORTER:—

Mrs. E., of Mississippi, visiting this place, the mother of nine children, 55 years of age, has had a floating lump in the right lumbo-iliac region for many years, but it never gave her pain until about the 8th of May. On that date she indulged in a hearty meal of corn and other vegetables for dinner. A violent attack of bilious cramp colic was the result, with repeated vomitings. Bowels were obstinately constipated, resisting injections and large and often repeated doses of active cathartics, for three days. The movable body became greatly swollen and tender within twenty-four hours after the attack of colic supervened. It occupied the right lumbo-umbilical region; size 3½ by 5 inches; it projected in front of

the ascending colon, just beneath the abdominal wall. At first it resembled a high ovarian tumor, or a forming abscess of the right lobe of the liver at the lower border; but a close examination excluded both of those organs as the seat of the tumor. We could also exclude intestinal accumulation from intussusception or mechanical obstruction; yet the mechanical pressure from the inflamed and enlarged kidney did obstruct the ascending colon completely for a time.

The treatment consisted first of free use of anodynes, viz., chloroform internally, morphia, etc., until the pain was subdued, followed by a full dose of calomel, castor oil, comp. cath. pills, injections, and with fomentations over the abdomen. This was carried out by Dr. V. R. Bridges, before I saw the case. Afterward active doses of comp. jalap powder internally, and locally iodine over the tumor every three hours, with fomentations, were continued. The bowels moved freely during the next twelve hours; pain and tenderness began to subside within twenty-four hours, as also the swelling, and within forty-eight hours, what appeared to be a threatening renal abscess (capsular) terminated rapidly by resolution and absorption.

It may be of some interest to many readers of the REPORTER to learn that such cases are sometimes met with in practice, and yet many physicians of half a century's experience may never have had their attention called to one with sufficient distinctness to recognize and diagnose it. Such tumors have generally been dubbed as phantom tumors, and passed by without a correct diagnosis.

J. W. DORA, M.D.

Mattoon, Ill.

The Contagion of Diphtheria.

ED. MED. AND SURG. REPORTER:—

On the case of diphtheria reported by H. L. Getz, M.D., in the REPORTER of May 3d, allow me to remark that undoubtedly the child inhaled the poison by breathing the contaminated air of its mother's room. This is evident in view of the fact that the stage of incubation did not correspond with the theory of the disease being contracted in utero. Nor can we reasonably believe that the infant would receive the poison as readily, if at all, by the small quantity of nourishment necessary for its subsistence during the few days of its earthly existence, as it would by breathing the hot, vitiated air of the parturient's room, loaded as it must have been with the poisonous exhalations of the diseased mother.

I would further remark that in ordinary cases, where mother and child have diphtheria, it is best to permit the child to take the breast, for if we fail to administer medical relief through the maternal laboratory—it being intelligently supplied with proper agents—we cannot reasonably anticipate better results in the employment of a more artificial means of administering drugs. I have a case in mind where father and child were taken down with diphtheria; the child died, being two weeks old. The father recovered, and the mother, although confined in the same room with husband and child, did not have any symptoms of the disease.

R. L. CALHOUN, M.D.

Parnassus, Pa.

NEWS AND MISCELLANY.

The Kansas Medical Bill.

An act to regulate the practice of medicine in Kansas was approved last February, and goes into effect June 1st, 1879. Its main provisions are as follows:—

SECTION 1. Every person in this State practicing medicine or surgery in any of its departments shall possess the qualifications required by this act. Every such person shall present his diploma to one of the boards of examiners herein named, together with affidavit mentioned in section four of this act. If the board shall find all the facts required to be stated in said affidavit to be true, the board of examiners shall issue its certificate to that effect, signed by a majority of the members thereof and sealed with the seal of the board, and such certificate shall be conclusive as to the rights of the person named therein to practice medicine and surgery in any part of this State.

SEC. 2. The Kansas Medical Society, the Eclectic Medical Society of the State of Kansas, the Homœopathic State Medical Society, shall each appoint annually a board of examiners, consisting of seven members.

SEC. 3. The boards of examiners shall organize within three months after the passage of this act. They shall issue certificates to all who furnish satisfactory proof of having diplomas or licenses from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board. They shall send to the county clerk of the several counties of this State a list of all persons receiving certificates.

SEC. 4. Said board of examiners shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the secretary of the board of examiners shall receive a fee of five dollars from each graduate or licensee, and no further charge shall be made to the applicant; but if it be found to be fraudulent or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma.

SEC. 5. All examinations of persons not graduates shall be made directly by the board, and the certificates given by the boards shall authorize the persons to practice medicine and surgery in the State of Kansas.

SEC. 6. Every person holding a certificate from a board of examiners shall have it recorded in the office of the County clerk of the county in which he resides, and the recording of the same shall be indorsed thereon. Any person removing to another county to practice shall procure an endorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep in a book provided for that purpose a complete list of the certificates.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. Each of said boards of examiners may, from time to time, adopt such rules as may be necessary to the orderly conduct of all proceedings taken and had before it. It shall be the duty of the secretary of the respective boards to notify the secretary of all other boards provided for under this act, of all applicants to whom licenses may have been refused, together with the reasons for such refusal of such boards.

SEC. 11. Any person shall be regarded as practicing medicine within the meaning of this act, who shall profess publicly to be a physician, and engage in the practice of medicine, or who shall habitually prescribe for the sick, or who shall append to his name the letters "M.D."

SEC. 12. Any person habitually practicing medicine in this State without complying with the provisions of this act shall be punished by a fine of not less than fifty dollars nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment for such offence. And any person filing or attempting to file as his own the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery in the fourth degree. *Provided*, that no person who holds a certificate heretofore granted by either of the societies mentioned in the second section of this act shall be compelled to procure a new certificate, or be liable to any penalty for failing to do so; and *provided further*, that the provisions of this act shall not apply to those persons who have been practicing medicine within this State continually for five years prior to the taking effect of this act. When such persons have submitted proof of such continuous practice, as here-in provided, a certificate shall be issued to them, as is provided for in section 3 of this act.

The Legal Relations of Color Blindness.

At the request of the Medical Society of the county, Dr. E. M. Sholl, of Gainesville, Ala., drew up and presented the following Act to the Legislature of Alabama. It passed its first reading, and was referred to the Committee of Ways and Means. A similar bill was presented to the Legislature of Tennessee, but it is not likely that either of them will pass. Nevertheless, as it may lead to concerted and successful action, we append the bill:—

An Act to protect the traveling public in the State of Alabama.

WHEREAS, It is a practically ascertained fact that a certain proportion of the human race are incurably color-blind, or unable to distinguish the difference between colors, particularly to determine red and green, the colors ordinarily in use as cautionary or danger signals, on railroads, steamboats and ships,

I. *Be it enacted*, therefore, by the General Assembly of the State of Alabama, now in session, that all railroad corporations doing business in the State of Alabama, all steamboats and ships plying in the waters thereof, shall subject all of their employees in any way concerned in the running, dispatching, signaling or guiding, or piloting thereof, to the practical color test, as to their ability to well and rightly distinguish between colors, and none shall be employed as above who cannot promptly and correctly distinguish the difference between colors.

II. *Be it enacted*, that the manner of test shall be that now commonly in use in Europe, the selecting of the different colors from the various shades of skeins of worsted. Time, place of examination, and examiner to be designated by the above specified railroad corporations, steamboat and ship proprietors themselves.

III. *Be it enacted*, that any failure to comply with the requisitions of this law shall subject said corporations or parties, in each instance, to a fine of not less than fifty, nor more than five hundred dollars.

IV. *Be it enacted*, that any damage to property, maiming or injuring of body, or loss of life, growing out of a failure to enforce Sec. I, shall subject the Executive and responsible parties of the above specified conveyances in Sec. I to such actions, pains and penalties, as in all cases are prescribed in the civil and criminal statutes of the State of Alabama.

V. *Be it enacted*, that this law shall go into operation on the 1st day of March, 1879.

The Yellow Fever at Port-au-Prince.

We learn from the Bulletin of the Surgeon General, Marine Hospital Service, that yellow fever is prevalent at Port-au-Prince.

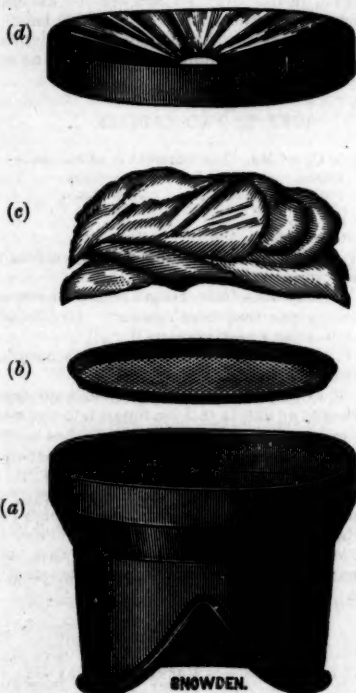
The State Department has received information that the fever also prevailed at Port-au-Prince fifteen years ago, but that since that period there has been no reappearance of the disease until now. In regard to the sanitary condition of Port-au-Prince, it is remarked by Minister Langston, that "the streets are constantly foul, and that not even police regulations of any sort are enforced." There is no regulation to oblige even the filthiest persons to remove deposits from the streets, nor from the gutters or sidewalks in front of their doors, and "the harbor is also full of foul matter of every sort." The fact of the existence of this mass of putrefying animal and vegetable matter, in one of the hottest climates, taken in connection with the absence of yellow fever from the city for the last fifteen years, furnishes presumptive evidence, at least, that deposits of filth alone, even when saturated with moisture and heated, are incapable of generating yellow fever. The fever which is apparently produced by the filth of the city, while quite fatal, is said to differ materially from yellow fever in all essential particulars.

—A Boston physician reported to the Board of Health that a certain woman's death was caused by consumption, Bright's disease and cancer. It was high time for him to lose that patient.

Dr. Hearn's Ether Inhaler.

This inhaler consists of an outer case of thin sheet metal, having the lower edge protected with a covering of rubber, to prevent its coming in contact with the face, as well as to exclude all air. Inside of this case (a) is fitted a screen of wire gauze (b), which is arranged so as to come about opposite the joint (a). The ether is poured on the lint or cotton flannel (c), which is held in place between the wire screen (b) and the funnel-shaped top (d).

The object of this inhaler is to furnish an



undiluted ether vapor, and prevent, as it should when ether is used, the patient inhaling the surrounding atmosphere. The time required to produce complete anaesthesia, in ordinary cases, is from five to eight minutes.

Another object of the inhaler is economy; it rarely requiring more than two or three ounces of ether to produce its full effect, for which reason it is especially adapted to hospital use. The apparatus, by confining the ether vapor, prevents to a great degree the impregnation of the atmosphere in the room.

Personal.

—The chair of Theory and Practice in the Ohio Medical College, which was made vacant by the resignation of Prof. Roberts Bartholow, has been filled by the appointment of Prof. James T. Whittaker, who is transferred from the chair of Physiology in the same institution.

New Pharmaceuticals.**EXTRACT OF COFFEE.**

The best extract of coffee we have seen is that manufactured by Wyeth & Bro., of this city. Coffee has many therapeutical as well as dietetic uses, and but few of the extracts in the market are suitable for either purpose. Of this of Wyeth Bros. we can speak with confidence.

LACTOPEPTINE.

The editor of the *Southern Clinic* reports very successful results from the exhibition of lactopeptine in cholera infantum. Such treatment is rational, and as the hot months are approaching, this suggestion should be borne in mind and acted on when occasion requires.

HORSFORD'S ACID PHOSPHATE.

It is well known that a deficiency of phosphates in the food impairs osseous growth. Lehman found, by experiments with pigs, and Chossat with birds, that it made a difference what kind of phosphates were used. Two pigs fed with phosphate of potassa had specifically lighter bones than others, which received with this salt phosphates and carbonates of lime.

As a means of introducing the phosphates in proper combination, Horsford's Acid Phosphate has been presented to the profession, and has been favorably reported upon.

The Duty on Quinine.

The note on page 462, on this subject, based on some remarks offered at the American Medical Association, requires a correction, which we cheerfully make. The actual duty on quinine is 20 per cent., ad valorem. The manufacturers' price in London last month was 11 to 12 shillings; the price at that time in Philadelphia was \$3.60 per ounce. Hence the removal of the duty would have much less effect on the price than we stated.

We believe in cheap quinine; if it can be shown that removing the duty will not diminish the domestic supply of the article, let the duty be removed; but if it would have that effect, and place us at the mercy of foreign manufacturers, such a policy would be subversive of our best interests. The profession should study the subject carefully before committing itself.

Health Items.

The last report of the Surgeon General of the Marine Hospital Service states that advices from the Dardanelles, received under date of April 22, report the prevalence of scarlet fever. The cattle "Typhus," or "Lung plague," which last year destroyed seventy-five per cent. of the entire herds, has almost disappeared. It is said to have been introduced into the province by importation from Roumelia.

From Malaga it is reported that wine adulterated with fuchsine (one of the aniline colors, which usually contains either antimony or arsenic) has been seized at the Custom house. The Spanish Government authorities have directed that all wine, before being admitted, shall be submitted to an analysis at the custom houses at all ports of entry.

Action Against Adulteration.

On May 22d the House of Representatives' Committee on Manufactures agreed to report to the House for printing and recommitment a bill prepared by Representative Wise, of Pennsylvania, to provide for the welfare of the people in preventing the adulteration of articles of food and drink.

It imposes a fine and imprisonment upon persons manufacturing, selling or bartering any article of food or drink containing any ingredient or material injurious to the health of persons partaking thereof; and authorizes parties suspecting such adulteration to have samples of the article of food or drink analyzed, and if the fact is exhibited the corporation or individual shall pay all expenses attending such proceeding, and in case of refusal by a party to furnish samples of suspected adulterated articles he is made liable to punishment, etc.

It is to be hoped that this bill will be promptly passed.

Items.

—Some important modifications will be introduced into the Faculty of Medicine at Paris, on November 1st next. The annual examinations are to be suppressed, and the duration of the course of study is to be fixed at four years, and the hospital study to at least two years. The fees for the *aspirants au doctorat* are fixed at 1860 francs. At present, up to June 15th, students have the right of option between the new and the old systems. After November 1st, 1885, the new régime will be alone in vigor.

—Dr. J. Hilgard Tyndale informs us that he will open a sanitarium for the scientific treatment of consumptives about July 1st, 1879, at Manitou, in the southern part of the State of Colorado. This region has been selected, after careful consideration, as the nearest approach to an ideal resort for phthisical patients, as shown both by the meteorological reports and government surveys, and confirmed by personal observation and study of the climate and altitudes of various sections of the country.

—The New York State Pharmaceutical Association organized May 20th, with about a hundred members, and the following officers: President—P. W. Bedford, New York. Vice Presidents—S. C. M. Lyman, Buffalo; B. C. Ray, Utica; and A. J. Inloes, Binghamton. Secretaries—C. H. Gans, Albany; C. W. Holmes, Elmira. Treasurer—W. Blakie, Utica.

—Dr. W. Judah, of Guthrie, Ind., reports the birth of a healthy male child, weighing 9 lbs., but wholly devoid of upper extremities.

OBITUARY NOTICES.

—Dr. John McCulloch died at Huntingdon, Pa., May 15th. He was born in Juniata Co., Pa., November 15th, 1806. He read medicine with Dr. Ard, of Lewistown, and after attending two courses of lectures at the University of Pennsylvania, graduated in medicine in 1829. He located first at McVeytown, but shortly after-

ward went to Alexandria, Huntingdon county, and within a year removed to Petersburg. He remained at Petersburg, actively engaged in his profession, until 1852, when he was elected to Congress as a Whig, his opponent being Col. Emanuel Shaffer. At the expiration of his term, in 1855, he located at Huntingdon and pursued the practice of medicine until 1869, when, on account of failing health, he retired by taking into his office Dr. D. P. Miller.

—Dr. Charles Skelton, a highly esteemed citizen, died at his residence in Trenton, on the 20th ultimo, in the seventy-third year of his age, after several months' illness. He had been a member of the New Jersey State Legislature, and held many other public positions of honor and responsibility.

QUERIES AND REPLIES.

Dr. H. B. C., of Mo. The liniment is as follows:—

Iodine,	3 drachms.
Iodide of ammonium,	2 drachms.
Chloroform,	10 oz.
Olive oil,	10 oz.
Glycerine,	5 oz.

Dissolve the first two in the chloroform, by rubbing in a glass mortar, then add the others.

Dr. A. H. S., of Pa.—Koumyss can be had of several of the leading pharmacists of this city. Mr. McKelway, 1510 Chestnut street, prepares it.

Dr. S. C. V. A., of Mich.—Consult Agnew's *Surgery*, vol. 1, p. 991.

Dr. F. G., of N. Car., desires information in reference to the *bremide of quinta* in hypodermic injections, for malarial cases. But little has been published on the subject, and we should like to publish the experience with it of any of our readers.

Kappa—The statement that the European races of this century are of greater muscular development and higher stature than their ancestors of the fourteenth century, as well as the contrary assertion that they have degenerated in these respects, rest on insufficient evidence.

MARRIAGES.

BAILEY-LOGAN.—In Carlisle, Pa., May 13th, by Rev. W. H. Logan, W. D. Bailey, M.D., of Dillsburg, and Josephine F. Logan, of Carlisle.

GAGE-RILEY.—At the residence of the bride's parents, N.Y., April 28th, by Rev. W. F. Hatfield, Dr. Ruel Gage, of New York, and Miss Addie Riley, eldest daughter of Mr. John Riley, of New York.

HENRY-HUTSELL.—In Cincinnati, O., on the 8th ult., at 8.30 p.m., at the Gibson House, by Rev. Sylvester Weeks, Dr. Geo. F. Henry and Annie M. Hutsell, of Boyd Station, Ky.

DEATHS.

CHRISTIAN.—On May 14th, at 7.30 o'clock, p.m., in Covington, Ky., Dr. John F. Christian, in the 57th year of his age.

DENISON.—At his residence, in Fairfield, Conn., on Friday, 25th of April, Dr. Jeremiah T. Denison, in the 74th year of his age.

DOWLING.—In New York, on Wednesday morning, May 21st, Mamie, daughter of Dr. J. W. and Fannie A. Dowling, aged 11 years and 6 months.

FANNING.—In New York, on Sunday evening, the 18th ult., Ettie P., wife of Dr. W. A. Fanning, and daughter of Joseph Bryan.

THOMAS.—On the evening of the 15th ult., Isaac Thomas, M.D., in the 52d year of his age.